

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known		
				Application Number	10/776,021	
				Filing Date	February 9, 2004	
				First Named Inventor	SHEHADA, Ramez Emile Necola	
				Art Unit	3761	
Examiner Name	HAND, Melanie Jo					
Attorney Docket Number	064693-0103					
Sheet	1	of	1			

U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No. ¹	Document Number	Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number -Kind Code ² (if known)		
	1	US-6,210,346	04-03-2001	HALL et al.

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T ³
		Country Code ³ -Number ⁴ -Kind Code ² (if known)			
	2	EP-1 138 343 A	10-04-2001	INTEGRA LIFE SCIENCES	
	3	WO 02/096286 A	12-05-2002	DIAMETRICS MEDICAL LTD.	

Examiner Signature	/Melanie Hand/	Date Considered	06/09/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language translation is attached.